

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm Establishm 809 E Owner Cardia Owner's A	ts of ent Addre	ss (nur	Columbus Inber and street, city, state, zip code) New Albay, IN 47150 Corncil 1221/Kaights of Charles	Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	Date of Inspection (mm/dd/yr) 2/6/20 Follow-up Releas No /O Summary of Violation		days
Responsible Certified F	e Person's	E-mai	27/24)		C		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative		To Be Corrected By		
			No Violations. -Discussed new sink design	y in the ov	Ng		
Received by				inspected by (name and title printed):			
Received the (signature):				A.). Inspected by (signature):	Ingran ((EHS)	<u></u>
cc:			ce:		cc:		